



Paternity Testing Form

Date: ____/____/____

Contact Name & Number: ____-____-____

Reason for Testing (please check one):

____ Tulalip Tribes Enrollment ____ Tulalip Court Ordered ____ Neither*

Please, to expedite the testing process, provide the following information for all of the participants of the Paternity Testing:

****Please provide identification cards for those participating.****

MOTHER							
Last Name		First Name				M.I	
Address		City		State		Zip	
D.O.B. / /		SEX		Social Security # - -		Medicaid #	
Ethnicity (Circle One):		Caucasian	Black	American Indian	Puerto Rican	Chinese	Mexican American Filipino
Other (Specify)		Mix (Specify race and %)					
Blood Transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow transplant (circle one); Yes / No							

CHILD							
Last Name		First Name				M.I	
Address		City		State		Zip	
D.O.B. / /		SEX		Social Security # - -		Medicaid #	
Ethnicity (Circle One):		Caucasian	Black	American Indian	Puerto Rican	Chinese	Mexican American Filipino
Other (Specify)		Mix (Specify race and %)					
Blood Transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow transplant (circle one); Yes / No							

ALLEGED FATHER							
Last Name		First Name				M.I	
Address		City		State		Zip	
D.O.B. / /		SEX		Social Security # - -		Medicaid #	
Ethnicity (Circle One):		Caucasian	Black	American Indian	Puerto Rican	Chinese	Mexican American Filipino
Other (Specify)		Mix (Specify race and %)					
Blood Transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow transplant (circle one); Yes / No							

* If a paternity test is not performed for the purposes of Tulalip Tribes Enrollment or Tulalip Court Ordered, the client(s) will need to provide a fee of fifty-five (\$55.00) dollars per person to test. [I.e. Baby and Dad would cost \$110.00].*